2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000090589

1. Entity Name
B & D PAINTING, INC.

Principal Place of Business	Mailing Address
8291 SYCAMORE DRIVE NEW PORT RICHEY, FL 34654 US	8291 SYCAMORE DRIVE NEW PORT RICHEY, FL 34654 US

DO NOT WRITE IN THIS SPACE

03122008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
57-1184836	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MONIGOLD, BRUCE
8291 SYCAMORE DR.
NEW PORT RICHEY, FL 34654

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000862668
04/03/08-80060-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MONIGOLD, BRUCE
STREET ADDRESS	8291 SYCAMORE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654

TITLE	D
NAME	MONIGOLD, DIANE
STREET ADDRESS	8291 SYCAMORE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Diane Monigold_ Diane Monigold   3-17-08   727-843-9177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #